# College of the Redwoods Distance Education

## STUDENT / PROCTOR AGREEMENT FORM

<table>
<thead>
<tr>
<th>Course:</th>
<th>Instructor:</th>
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<table>
<thead>
<tr>
<th>Name of Course Enrolled In</th>
<th>Section Number</th>
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<tr>
<th>Instructor's Name</th>
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## STUDENT AGREEMENT (Please print legibly)

As a student, I agree to the following:

- To provide a stamped envelope for return of the exam, addressed to College of the Redwoods, 7351 Tompkins Hill Rd, Eureka, CA 95501, ATTN: Instructor’s Name.
- To be responsible to locate a proctor and to set up an appointment for each exam.
- To take the exams during the possible exam dates at a time that is convenient for the proctor.

**Student Name:** ____________________________ **ID #:** ____________________________

**Address:** __________________________________________________________

**City:** ____________________________ **State:** ________ **Zip Code:** _____________

**Email:** ____________________________

**Phone:** ____________________________

By signing this form, I (the student) agree to comply with the policies and procedures of College of the Redwoods and those set forth in this document.

**Student Signature:** ____________________________________________ **Date:** _____________

## PROCTOR AGREEMENT (Please print legibly)

As a proctor, I agree to the following (Choose the one that applies):

- I am a librarian, testing coordinator, administrator, or a teacher at a community college, university, elementary or secondary school.
- I am a chaplain, testing administrator, or education services officer for the military, or office with a correctional institution.

**Title:** ____________________________

**NOTE:** If proctor does not match one of the choices above, this form will be denied.

I also agree to the following:

- I am not a current student of College of the Redwoods. I am not a relative of any CR student, nor do I live at the same address as any CR student.
- I will validate the exam(s) by signing where indicated.
- I will personally mail the completed exam(s) to the instructor at CR immediately after the student has completed the exam(s).
- I will do this voluntarily and will not receive any remuneration for my time or service unless required by occupational setting.

**Proctor Name:** ____________________________ **Title:** ____________________________

**Institution:** __________________________________________________________

**Address (at institution):** ________________________________________________

**City:** ____________________________ **State:** ________ **Zip Code:** _____________

**Email address (at the institution):** ____________________________

**Phone Number:** Employer’s (____) ____________________________ Proctor’s Daytime (____) ____________________________

To protect the security and integrity of the exams and testing process, all exams must be mailed/ emailed to the institution where the proctor is employed.

**By signing this form, I (the proctor) agree to comply with the policies and procedures of College of the Redwoods and those set forth in this document.**
Online Course Proctoring – AP 4105 Distance Education

Instructors of online classes are encouraged to have important exams proctored. For enrolled students, proctoring is available at any College location.

Students distant from a College location may use a proctor not affiliated with the College who meets any of the following criteria: librarian, testing coordinator, administrator, or teacher at an elementary or secondary school, community college, or university. In addition, military chaplains, testing administrators, education services officers, or prison officials are acceptable. These or other alternatives must be approved by the instructor and supervising administrator. It is the student’s responsibility to make arrangements with the proctor using the College “Student/Proctor Agreement Form” and to pay all costs for proctoring.